

YOUR HEALTH CARE COVERAGE

Montana Medicaid





MEDICAID'S MISSION:

To assure that necessary medical care is available to all eligible Montanans within available funding resources.

THE MONTANA MEDICAID PROGRAM

- Medicaid insures an average of 86,896 people in Montana each year.
 - 46,992 children
 - 13,639 parents
 - 18,459 disabled
 - 7,806 aged
- Medicaid is Montana's largest provider of health care coverage for children.
- 15,109 doctors, hospitals, nurses, therapists, counselors, clinics, and other providers are enrolled with Medicaid and provide Medicaid services every day.
- Medicaid processes almost 7 million medical claims every year.
- Medicaid pays more than \$675 million for health care services every year. Most of that money is spent right here in Montana.

*From DPHHS report to the 2007 Legislature:
"The Montana Medicaid Program"*

TABLE OF CONTENTS

SECTION 1

ABOUT MEDICAID5

How to get Medicaid	6
You will get a Medicaid card.....	6
If you move, get married, have a baby	7
How to get health care	7
What you pay.....	9
If you get a bill.....	9
If you have a problem speaking English or hearing	10
Get the most from your health care	10
Keep yourself healthy.....	10
Keep your children healthy	11

SECTION 2

YOUR RIGHTS & RESPONSIBILITIES13

Medicaid client rights	14
Doing your part.....	14

SECTION 3

MEDICAL SERVICES15

Medical services coverage chart.....	16
Alcohol and other drug treatment – substance dependency	21
Ambulance services.....	21
Birth control.....	21
Blood lead testing	21
Case management – targeted.....	22
Chiropractic services	22
Circumcision.....	22

Dental braces – orthodontia.....	22
Dental services.....	22
Developmental disabilities services	22
Dialysis	23
Doctor visits.....	23
Drugs – prescriptions.....	23
Drugs – over the counter	23
DME – durable medical equipment	23
Emergency services	23
Eye exams.....	24
Eyeglasses.....	24
Family planning services.....	24
Foot care – podiatry	24
Group home care	24
Hearing aids.....	25
Hearing exams	25
Home and community-based waiver services.....	25
Home health services.....	25
Home infusion therapy	25
Hospice	26
Hospital services.....	26
IHS – Indian Health Services	26
Immunizations – shots.....	26
Lab (laboratory) services.....	26
Medical supplies and equipment	26
Mental health services for adults.....	26
Mental health services for children	26
Nursing homes.....	27
Nutrition counseling services	27
OB (obstetric) services	27
Occupational therapy – see therapies	29
Orthodontia – see dental braces.....	22
Out-of-state services.....	27

TABLE OF CONTENTS

Personal assistance services	27
Physical therapy – see therapies	29
Physician (doctor) services	28
Private nursing services	28
Respiratory therapy	28
School-based services	28
Social work services	28
Speech therapy – see therapies	29
Surgery	28
Therapies	29
Tobacco and smoking – quit products and counseling	29
Transplants	29
Transportation	29
Urgent care services	29
Well child check-ups	30
X-rays	31

SECTION 4

MORE HELPFUL PROGRAMS..33

Nurse First disease management programs	34
HCBS – home and community based services	34
DD waiver services – Medicaid waiver services for Montanans with developmental disabilities ...	34
HIPP (health insurance premium payment) program	35

Assistance for people with Medicare	35
CHIP – Children’s Health Insurance Plan	35
Children’s Special Health Services	36
Head Start	36
WIC – special supplemental nutrition program for women, infants and children	36

SECTION 5

OFFICES OF PUBLIC ASSISTANCE & RESOURCES..37

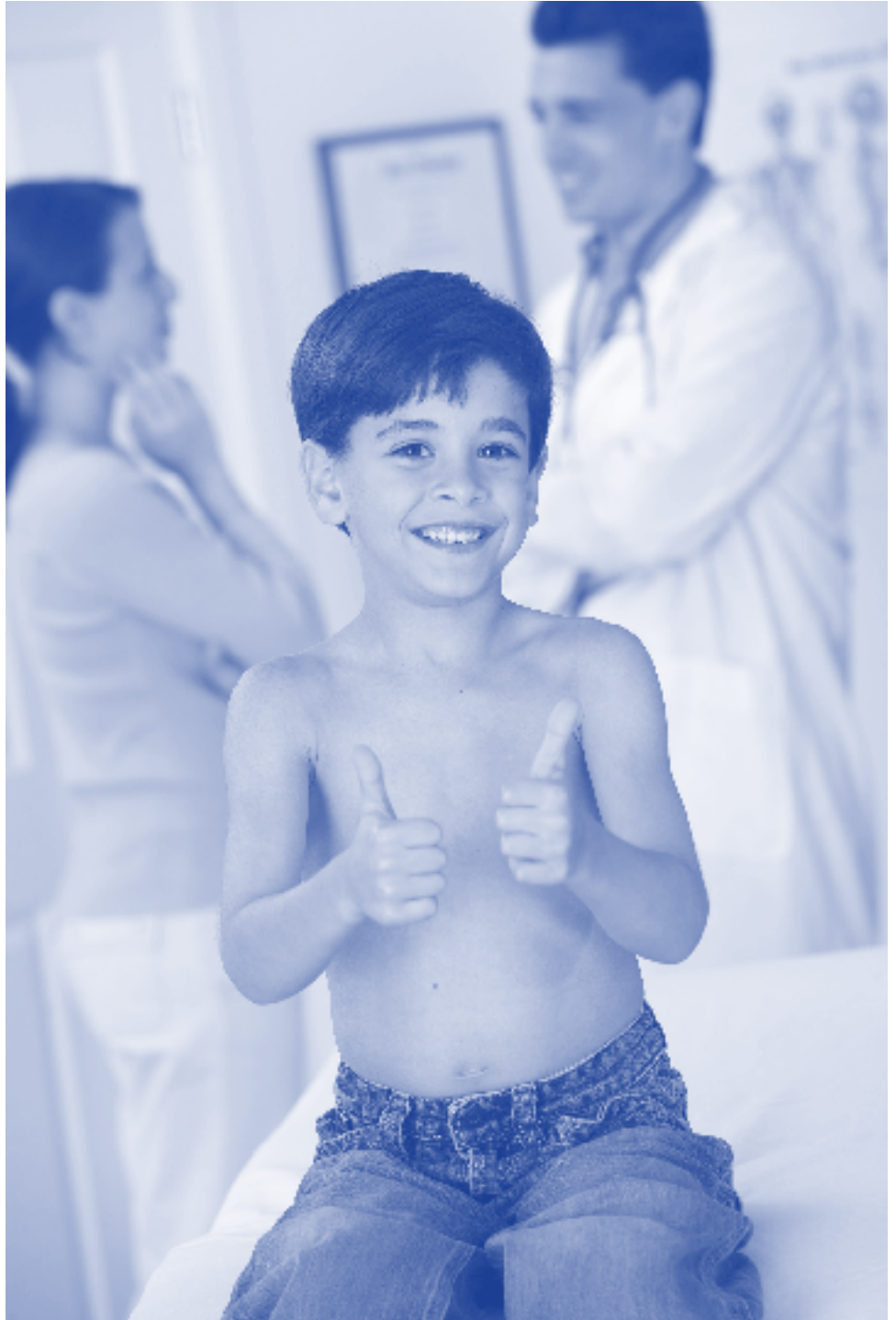
Offices of Public Assistance	38
Resources	40

SECTION 6

FORMS

How to file a complaint about Medicaid	42
If you experience discrimination	42
Client complaint resolution form	43
Americans with Disabilities Act complaint resolution form	44
Notice of use of protected health information	45
Voter registration form	47

About Medicaid



► ABOUT MEDICAID

Medicaid is health care coverage for some low-income Montanans. Medicaid is run by DPHHS (the Montana Department of Public Health and Human Services). The State of Montana pays about one-third of the cost of Medicaid and the federal government pays the rest.

Medicaid does not pay money to you. Instead, it sends payments directly to your health care providers.

If Medicaid pays for health care:

- Services must be medically necessary
- Services must be provided by a health care provider who is a Montana Medicaid provider
- Services must be Medicaid-covered services (see Section 3, Medical Services)

► HOW TO GET MEDICAID

Complete an application and give it to any county OPA (Office of Public Assistance), either in person or by mail. A list of OPAs begins on page 38. OPAs are part of DPHHS.

A woman who is pregnant can apply for “presumptive eligibility” for Medicaid at some providers’ offices, such as a doctor’s office, a county health department, a family planning clinic, or IHS (Indian Health Service). Her provider’s office will send her application to the OPA for Medicaid processing. Her prenatal care will be covered by Medicaid right away if she is eligible.

The OPA where you applied for Medicaid will send you a letter telling you when your Medicaid begins and another letter telling you if your Medicaid is going to end.

Information you give Medicaid will be matched with information the Social Security Administration has, under the Privacy Act of 1974: 5 USC, 5529 as amended.

► YOU WILL GET A MEDICAID CARD

Everyone with Medicaid will get a plastic “Montana Access to Health” card in the mail. Each person will get his or her own card. Keep your card in a safe place, like your purse or wallet. Always take your card when you get medical services and show it when you check in.

If the information on the card is not right, tell the Eligibility Case Manager at the OPA right away. If you haven’t gotten your health coverage card before you need medical care, tell the Eligibility Case Manager.

Keep your card, even if your Medicaid ends.

If you get Medicaid again in the future, you will use the same card.

The front of your Access to Health card has your name, your member number and your birth date. The member number is not your Social Security Number.

The back of your card has information about using the card and the Medicaid Help Line phone number—1-800-362-8312. The back of the card also has information for your medical provider.

Here is what a Montana Access to Health card looks like.



► IF YOU MOVE, GET MARRIED, HAVE A BABY:

Tell the Eligibility Case Manager within 10 days if you have changes in your household. Some examples are moving to a different address, moving to a nursing home, getting married or divorced, becoming pregnant, having a baby, changing jobs, or getting extra income. The Eligibility Case Manager will tell you if you are still eligible for Medicaid.



► HOW TO GET HEALTH CARE

Nurse First Advice Line

is for most people with Medicaid. You can call the Nurse First Advice Line for friendly, professional, confidential health care advice. The nurses ask questions about your health, then help you decide if you need to go to an emergency room or to your provider's office, or if you can take care of your problem at home.

- Nurse First is free and confidential
- Nurse First is there for you 24 hours a day, 7 days a week
- Nurse First saves Medicaid money

If you are enrolled in Medicaid, you or a family member can call the Nurse First line anytime at 1-800-330-7847.

Passport to Health

is managed care for Montanans with Medicaid. Passport helps people get good health care because each person has a Passport provider that manages his or her health care.

A Passport provider is a doctor, nurse practitioner, physician assistant, or medical clinic that helps you manage your medical care. Your Passport provider takes care of most of your medical needs such as regular check-ups, and keeps your medical records up to date and in one place.

When you have Passport, you choose a PCP (Primary Care Provider). The PCP you choose will be your Passport provider. After you choose, you will get a letter with your PCP's name and after-hours phone number.

You will see your PCP for most services and get your PCP's okay to see another provider or go to the hospital for non-emergency services. (If you don't get your PCP's okay, you may have to pay the bill.)

Your PCP may give approval to see these specialists:

Allergist – Diagnoses and treats allergies

Anesthesiologist – Gives anesthetics during surgery

Cardiologist – Diagnoses and treats diseases of the heart and blood vessels

Chiropractor – Manipulates and adjusts the spine for therapy

Dermatologist – Diagnoses and treats diseases and problems of the skin

Emergency Medicine – Specializes in rapid recognition and treatment of trauma or acute illness

Endocrinologist – Diagnoses disorders of the internal glands, such as the thyroid and adrenal glands

Family Practitioner – Provides total health care of the individual and the family. Scope is not limited by age, gender or organ system.

Gastroenterologist – Diagnoses and treats disorders of the digestive tract: stomach, bowels, liver, gallbladder, and related organs

Gynecologist – Diagnoses and treats disorders of the female reproductive system

Internist – Diagnoses and treats diseases, especially those of adults

Nephrologist – Diagnoses and treats diseases and problems of the kidneys

Neurologist – Diagnoses and treats disorders of the nervous system

Obstetrician – Provides care and treatment of females during pregnancy, labor and delivery, and 6 weeks after delivery

Oncologist – Diagnoses and treats all types of cancer and other types of benign and malignant tumors

Ophthalmologist – Diagnoses, monitors, and treats vision problems and other disorders of the eye, and prescribes prescription lenses

Orthopedist – Diagnoses and treats skeletal injuries and diseases of the bones and muscles

Osteopath – Practices a whole-person approach, considering both the physical and mental needs of patients.

Pediatrician – Diagnoses and treats the physical, emotional, and social problems of children

Physiatrist – Provides physical and rehabilitative treatment of muscle and bone disorders

Psychiatrist – Treats and prevents mental, emotional, and/or behavioral disorders

Radiologist – Uses X-rays and radiant energy for diagnosis and treatment of disease

Urologist – Diagnoses and treats diseases of the urinary or urogenital tract

People with Passport will get a Passport to Health handbook with more information about getting health care. If you have questions about Passport to Health, call the Medicaid Help Line at 1-800-362-8312.

If you do not have Passport

you can get health care from any provider who is a Medicaid provider. Be sure to ask if the provider is a Medicaid provider before you make an appointment. Here are some common kinds of providers you might see to get health care:

- Physicians (doctors), such as family practitioners, internists, pediatricians, obstetricians, gynecologists.
- Mid-level practitioners, such as physician assistants and APRNs (advance practice registered nurses).

Here are other places you might go to get health care:

- Ambulatory surgical center, for outpatient surgery.
- FQHCs (Federally-Qualified Health Centers) such as a community health center or an outpatient facility run by a tribe. Services you may get at FQHCs include physician, physician assistant, and nurse practitioner services; nurse midwife services; dental services; preventive care; and primary care services. Some FQHCs also have pharmacies.
- RHCs (Rural Health Clinics), which are outpatient health clinics in rural areas. RHCs offer the same or similar services you get at FQHCs.
- County or city-county health departments. These are health clinics run by counties. They offer the same or similar services you get at FQHCs.
- IHS (Indian Health Services) clinics, which offer the same or similar services you get at FQHCs.

Team Care

is a Medicaid program for people who use a lot of health care services. Team Care teaches you how to use Medicaid the right way. Your provider or Medicaid will let you know if you need Team Care.



► WHAT YOU PAY:

Some people with Medicaid pay a “cost share” to the provider when they get medical care, if they are:

- 21 years old or older
- not living in a nursing home
- not pregnant

Cost share is paid at the time a service is received, unless your provider lets you pay later.

Cost share amounts:

- \$1 to \$5 for each prescription, but not more than \$25 added together in a month
- \$1 to \$9 for each visit to a provider
- \$100 for each overnight hospital stay

Be sure to get a receipt for all cost shares you pay.

There is no yearly cap on how much cost share each person pays.

If you have another health insurance plan (for example, BlueCross BlueShield, New West, or Medicare) that pays for the service you need, you will not pay a cost share for that service if your provider agrees to accept both Medicaid and your other health insurance.

The chart of Medicaid services beginning on page 16 tells you the services that have cost share. **Here is a list of Medicaid services that do not have cost share:**

- Emergency services
- Family planning services
- Home dialysis attendant services

- Eyeglasses
- Hospice services
- Personal assistant services
- Transportation services
- Substance dependency services
- Services in an IHS facility
- Home and Community Based Waiver services

Note: Sometimes when you receive Medicaid services, you may need to pay more than one cost share amount – one amount for each provider and one amount for the hospital or office. Here are some places where you might pay two cost shares:

- Hospital
- Surgical center
- “Provider-based” clinic

► IF YOU GET A BILL:

You should receive a bill from your provider telling you what service or treatment you received, the date you received the service, the cost of the service, and how much cost share you paid. The bill should also tell you how much Medicaid paid. You won’t have to pay more than the cost share for a service that’s covered by Medicaid.

If you think a provider is billing both you and Medicaid for the same service, or is charging Medicaid or you for services you did not receive, call the Medicaid Help Line at 1-800-362-8312.

Your provider can bill you for a service that is not a Medicaid-covered service **if you agreed before you got the service** that you would pay the bill.

Medicaid usually does not pay your provider the full amount the provider charges for the services. Your provider has agreed to get a lower amount. You do not have to pay the amount Medicaid does not pay. If you have questions about a bill from your provider, try to work with your provider’s office to get an answer. If you still need help, call the Medicaid Help Line at 1-800-362-8312.



► IF YOU HAVE A PROBLEM SPEAKING ENGLISH OR HEARING:

If English is not your first language, please ask your Eligibility Case Manager for an interpreter who speaks or signs your language. The interpreter will explain Medicaid for you. Interpreters are free and available in most languages, including sign language.

If you are hard of hearing, you can call the Montana Telecommunications Access Program (MTAP) at 1-800-833-8503. For voice/hearing and speech impaired, call 1-877-266-1197. MTAP also provides mobility impaired devices.

► GET THE MOST FROM YOUR HEALTH CARE

As a partner in your health care and the health care of your family, it is up to you to help keep health care costs as low as possible. Here are some things you can do to get the most from Medicaid.

► KEEP YOURSELF HEALTHY

Stop smoking

Never smoke when you are pregnant.

Smoking causes many serious illnesses, such as:

- lung cancer
- emphysema and other breathing problems
- heart disease



Stop drinking or limit alcohol

Alcohol is linked to major birth defects, serious injuries, and many health problems, including cirrhosis of the liver, brain and heart damage, and cancer. If you decide to drink alcohol, drink moderately. ***But never drink alcohol when you are pregnant.***

Exercise regularly and maintain a healthy weight

Try to get at least 30 minutes of moderate activity every day. The activity can be done at different times during the day to add up to 30 minutes. Something as simple as three 10-minute walks can help you control your weight. Talk to your provider about your best weight.

Eat a balanced diet with different foods

Choose a variety of grains, fruits, vegetables, and lean meat daily. Choose beverages and other foods that are low in sugar. Choose and prepare foods that are low in salt.

Visit <http://www.americanheart.org> and click on Healthy Lifestyle. Here you'll find recipes, tips on grocery shopping, information on how to follow an eating plan, and other good facts about healthy eating.

Practice safe sex

by using protection to avoid unplanned pregnancies and sexually transmitted diseases.

Careful use of birth control will reduce risks of unplanned pregnancies. Using condoms will reduce the risks of getting sexually transmitted diseases. For more information on Medicaid family planning services, see page 24 of this manual.

Get regular health checkups

with one PCP (primary care provider)

Have one regular health care provider and one pharmacy so that:

- all of your medical records are in one place.
- the provider has your health history.
- the provider has a chance to learn about you while you are well.
- you have a chance to know your provider and ask questions.

- you have a provider to call if you need care after office hours.
- your provider can suggest a specialist if you need one.

Use preventive health benefits

- Ask your provider about getting cholesterol, blood pressure, and other tests.
- Ask your provider about when you should get regular checkups.
- For females, have regular mammograms and pap screens.

Ask for a second opinion

If you have a serious medical condition you may want a second opinion from another provider. If you see another provider for a second opinion, be sure to take test results and X-rays with you so those tests won't need to be done again. If you have Passport to Health, be sure to get an okay from your PCP to get a second opinion.

Never drink alcohol or take illegal drugs while you are pregnant

Alcohol and drugs cause severe injury to your baby, including an alcohol or drug addicted baby.



► KEEP YOUR CHILDREN HEALTHY

Never smoke when you are pregnant

Smoking could cause serious harm to your baby. Smoking while you're pregnant puts babies at risk later for asthma, ADD (Attention Deficit Disorder), SIDS (Sudden Infant Death Syndrome), and low birth weight.

Live in a smoke-free home

Children who grow up in homes where people smoke are sick more often than other children and can have serious breathing problems. If you smoke, your second-hand smoke can harm your children and may cause ear infections, bronchitis, and asthma.

Contact the Montana Tobacco Quit Line—1-866-485-7848. The Quit Line provides free smoking cessation counseling services to all Montanans.

Never drink and drive, especially with children in the car

Make sure children get enough rest

Children's muscles, bones, and brains need plenty of rest to grow and work right. Set a regular bed time for your children and stick to it. Children under six years old usually need regular day-time naps, too.

Help children exercise and be active

Plan family activities like hiking, biking, or playing in the yard or park. Try to have children be active at least 30 minutes a day. Help children make exercise a part of their lives – use stairs instead of elevators, walk the dog every day, choose active and fun activities.

Help children eat a balanced and healthy diet

Choose a wide variety of foods, including plenty of whole grains, at least five servings of fruits and vegetables a day, low-fat dairy, and lean meat. Let children decide how much food to eat. For drinks, skip the soft drinks. Always have water available. Offer 1% or skim milk with meals and 100% fruit juice no more than twice a day.

Help children brush their teeth and floss every day

Take children to the dentist at least once every six months and ask about fluoride treatments.

Make sure children have Well Child visits and shots

Well Child visits and shots help protect children from serious diseases such as mumps and measles. See page 30 for the schedule for Well Child visits and shots.



Your Rights & Responsibilities



► MEDICAID CLIENT RIGHTS

A person who is eligible for Medicaid has the right to be treated fairly and with courtesy and respect.

- You have the right to have your privacy protected and to be treated with dignity by health care providers and their staff.
- You have the right to get medical care no matter what your race, color, nationality, sex, religion, age, creed, physical or mental disability, marital status, or political belief.
- You have the right to know if the medical services you need are paid for by Medicaid.
- You have the right to get information on all available treatment options.
- You have the right to participate in decisions about your medical care. You have the right to refuse treatment.
- You have the right to discuss possible results with your provider before accepting or refusing treatment.
- You have the right to use the services of an interpreter if necessary, at no cost to you.
- You have the right to make a complaint about Medicaid and to receive an answer.
- You have the right to choose your medical provider, unless you have Team Care.

► DOING YOUR PART Your responsibilities as a Medicaid client

You and your health care provider are a team. Your job is to help your health care provider give you the best health care. Here's what you can do:

- Treat your doctor and other health care providers with respect, just as you like to be treated.
- Call the Nurse First Advice Line—**first**. Nurses are there every day, 24 hours a day to help you decide if you should see your provider, go to the emergency room, or take care of the problem at home. Call 1-800-330-7847.
- Don't use an ambulance or go to an emergency room if you do not have an emergency. An emergency room visit costs at least \$150, but a visit to your provider costs much less.
- Make an appointment with your PCP or get your PCP's okay to make an appointment with another provider. Ask if the other provider is a Medicaid provider.

- Get to your appointments on time. Be sure to call ahead of time if you can't keep the appointment or if you will be late.
- Help your provider get your last medical records.
- Tell your provider about signs of trouble, such as pain, allergies, or changes you've noticed.
- Ask questions: Make a list of questions before your appointment. Ask about risks, choices, and costs before getting treatments or prescriptions.
- Go to the same pharmacy to get all your prescriptions. The pharmacist will tell you if a drug combination will give you problems or if a drug has side effects. The pharmacist can also answer questions about your prescriptions.
- Get complete directions about medications, treatments, or tests. Write down the directions or ask your provider to write them down.
- Take time to decide about having a treatment. Think about your choices and discuss them with your provider. For some procedures, your provider will need an okay from Medicaid before the treatment is done.
- Don't sign anything you don't understand. Ask questions until you do understand.
- Pay your cost shares.
- Pay your provider any money you get from other payers for medical services, for example, an insurance company.
- Use Medicaid wisely—only when you are sick or for regular checkups to help prevent sickness.
- If you sue or seek claim for damages or compensation against another person or an insurance company for personal injury, illness, or disability for which Medicaid has paid or may pay for medical care, you must tell Medicaid the names and addresses of the person or company responsible. Call Tort Recovery at 1-800-694-3084.
- If you think someone with Medicaid is using Medicaid services unwisely or improperly, please call the Medicaid Help Line, or write to:

DPHHS Managed Care Bureau
PO Box 202951
Helena MT 59620

Medical Services



► MEDICAL SERVICES

This section tells if a service is covered by Medicaid. There may be other services that Medicaid will pay for that are not listed here. Ask your provider if you're not sure if something is covered by Medicaid, or call the Medicaid Help Line at 1-800-362-8312.

All Medicaid services must be medically necessary.

There are limits to some services Medicaid pays and some services need approval from Medicaid. Ask your provider about service limits and Medicaid approval.

Montana Medicaid makes every effort to have a complete set of medical policies in place. However, due to the fast pace of medical changes and new medical procedures, Medicaid may not have a policy to address every service. In those cases, Medicaid may review other information including current medical literature and other medical resources, and consult with health care providers.

The description of Medicaid covered and non-covered services presented here is a guide and not a contract to provide medical care. Medicaid's Administrative Rules of Montana, Title 37, Chapters 81 through 88, govern access and payment for Medicaid services.

Service	Covered by Full Medicaid	Covered by Basic Medicaid	Passport Approval Needed	Cost Share Needed	Medicaid Approval Needed
Acupuncture	No	No			
Adaptive equipment (reachers, appliances)	No	No			
Alarms, alert items	No	No			
Alcohol and other drug treatment	Yes Day treatment for under age 21, inpatient or outpatient treatment for adults and children	No	No	No	Yes
Ambulance	For emergency	For emergency	No	No	No Scheduled non-emergency use of ambulance may be necessary in some cases. Call 1-800-292-7114 for approval.
Audiology services	Yes	No	Yes	Yes	No
Bio-feedback	No	No			
Birth center services	Yes	Yes	Yes	No for most services	No
Birth control	Yes	Yes	No	Yes—adults	No
Blood lead testing	Yes	Yes	No	Yes—adults	No
Case management (targeted)	Yes for some conditions	Yes for some conditions	No	No	No
Chiropractic	Yes for under age 21	No	Yes	No	No
Circumcision: if medically necessary	Yes	Yes	Yes	Yes—adults	No
Circumcision: routine	No	No			
Clinic services	Yes	Yes	Yes for some services	Yes—adults	Yes
Comfort and convenience items	No	No			

Service	Covered by Full Medicaid	Covered by Basic Medicaid	Passport Approval Needed	Cost Share Needed	Medicaid Approval Needed
Community health center services	Yes	Yes	Yes for some services	Yes—adults	No
Cosmetic surgery	May be covered when the condition has a severe detrimental effect on a person's physical and psychosocial well being. Services must be prior authorized and are approved on a case-by-case basis.				
Dental	Yes	Yes, if essential for employment	No	Yes—adults	Yes—some services
Denturist	Yes	Yes, if essential for employment	No	Yes—adults	Yes—some services
Developmental disability services	Yes if client meets level of care requirements		No	Yes—adults	Yes
Dialysis: Outpatient and training for self-dialysis	Yes	Yes	No	Yes—adults	No
Dialysis: Home attendant service	Yes—If client has terminal kidney disease and has no family member to help		No	No	Yes
Doctor visits: Includes Physician Assistants and Advanced Practice Registered Nurses	Yes	Yes	Yes—some services	Yes—adults	Yes—some services
Drugs: Prescription	Yes—some limits Generic if possible		No	Yes—adults	Yes—some drugs
Drugs: Over-the-counter	Yes—if prescribed: Aspirin, insulin, laxatives, antacids, head lice treatment, stomach products, allergy products, bronchosaline		No	Yes—adults	No
DME (durable medical equipment)	Yes, with limits for medical necessity	Yes, if essential for employment	No	Yes—adults	Yes—some services
Emergency room services	Yes	Yes	No	No	No
	An emergency means symptoms so severe a person with average knowledge of health and medicine would expect danger to the health of the person unless the person gets treatment right away.				
Environmental controls (air cleaners, heaters)	No	No			
EPSDT	See details on page 30				
Exercise programs or equipment	No	No			
Experimental drugs or treatments	No	No			
Eye exams	Yes, with limits	Yes for eye disease or injury or if essential for employment	No	Yes—adults	No
Eyeglasses	Yes, with limits	Yes, if essential for employment	No	No	No
Family planning services	Yes — Physical exams, pap smears, pregnancy testing, birth control, sexual health counseling, testing and treatment for sexually transmitted diseases, shots for German measles and HPV, sterilization information and counseling, sterilization if client is mentally competent and 21 years or older		No	No	No
Foot care (podiatry)	Yes — Cutting or removing corns or calluses, trimming nails, applying skin creams, measuring and fitting foot or ankle devices, lab services and supplies. Orthopedic shoes are covered for under age 21 or for a person with a brace or device attached to a shoe.		No	Yes—adults	No

Service	Covered by Full Medicaid	Covered by Basic Medicaid	Passport Approval Needed	Cost Share Needed	Medicaid Approval Needed
Gastric bypass surgery	Yes for under age 21	No	Yes	No	Yes
Group home care	Yes for under age 21 with mental illness	No	Yes	No	Yes
Health club memberships	No	No			
Hearing aids	Yes	Yes, if essential for employment	No	Yes—adults	Yes
Hearing exams	Yes	Yes, if essential for employment	No	Yes—adults	No
Home births	No	No			
HCBS (Home and Community Based Services)	See page 34				
Home health services: Includes skilled nursing and home health aide care, therapies, and medical supplies and equipment for home use	Yes For people 21 years and over, visits are limited to 100 visits a year for physical, occupational, or speech therapy and 75 visits a year for nursing services		No	Yes—adults	No
Home infusion therapy	Yes	No	No	Yes—adults	Yes—some services
Homemaker services	No	No			
Hospice	Yes	Yes	No	No	No
Hospital: inpatient	Yes	Yes	Yes unless pregnancy related	Yes—adults	Yes—some services
Hospital: outpatient	Yes	Yes	Yes—some services	Yes—adults	Yes—some services
Hospital: transitional	Yes	Yes	No	No	Yes—some services
Hot tubs or spas	No	No			
Indian Health Services	Yes	Yes	No	No	Yes—some services
Infertility treatment	No	No			
Interpreter services	Yes	Yes	No	No	No
Lab (laboratory services)	Yes	Yes	No	Yes—adults If services received in provider office	No
Massage	No	No			
Medical supplies and equipment (DME)	Yes	Yes if essential for employment	No	Yes—adults	Yes—some services
Mental health services for adults	Yes — Crisis and emergency services, individual group and family counseling, case management, day treatment services, inpatient treatment		No	Yes—some services	Yes—some services
Mental health services for children	Yes	No	No	Yes — Crisis and emergency services, individual group and family counseling, case management, day treatment, psychological testing, community-based psychiatric treatment and support, school and community treatment, therapeutic group and family care, psychiatric hospital services, psychiatric residential treatment; services must be prior authorized	

Service	Covered by Full Medicaid	Covered by Basic Medicaid	Passport Approval Needed	Cost Share Needed	Medicaid Approval Needed
Naturopathic services	No	No			
Nursing home	Yes	Yes	No	No	Yes—some services
Nutrition counseling	Yes for under age 21 (includes medical foods and special nutritional supplements) and diabetics	Yes for diabetics	Yes	No	No
OB (obstetric) services	Yes	Yes	No	No	No
Occupational therapy	Yes Limited to 40 hours	Yes—Limited to 40 hours	Yes	Yes—adults	Yes—some services
Orthodontia (dental braces)	Yes for under age 21	No	No	No	Yes
Out of state services	<p>If you have an accident, crisis, or something that cannot wait until you're back in Montana, seek help at a hospital. A provider within 100 miles of Montana is considered an in-state provider if the provider accepts Montana Medicaid. All out-of-state services, except emergencies, need prior approval and Passport approval. Montana Medicaid never pays for services received outside the United States.</p>				
Paternity tests	No	No			
Personal assistant services	Yes Limited to 40 hours	Yes if essential for employment	No	No	Yes
Personal care items	No	No			
Pharmacy	Yes	Yes	No	Yes—adults	Yes—some services
Physical therapy	Yes Limited to 40 hours		Yes	Yes—adults	Yes—some services
Pregnancy and childbirth	Yes	Yes	No	No	No
Private nursing services	Yes for under age 21	No	Yes	No	Yes
Professional counselor services	Yes	Yes	No	Yes—adults	No
Psychologist services	Yes	Yes	No	Yes—adults	No
Public health clinic services	Yes	Yes	No	Yes—adults	No
Respiratory therapy	Yes for under age 21	No	Yes	No	No
Respite services	No	No			
School-based services: Include speech therapy, occupational therapy, physical therapy, shots, private nursing help with daily living activities, specialized transportation, mental health services	Yes for under age 21	No	Yes—some services	No	Yes—some services
Shots (immunizations)	Yes	Yes	No	Yes—adults	No
Social work services	Yes	Yes	No	Yes—adults	Yes if more than 24 visits per year
Speech therapy	Yes Limited to 40 hours		Yes	Yes—adults	Yes—some services

Service	Covered by Full Medicaid	Covered by Basic Medicaid	Passport Approval Needed	Cost Share Needed	Medicaid Approval Needed
Substance (alcohol and drug) dependency services: day treatment	Yes for under age 21	No	No	No	Yes
Substance (alcohol and drug) dependency services: non-hospital inpatient	Yes for under age 21	No	No	No	Yes
Substance (alcohol and drug) dependency services: non-hospital outpatient	Yes	Yes	No	No	No
Surgery	Yes	Yes	Yes	Yes—adults	Yes
Surgical technicians (who are not physicians or mid-level providers)	Yes	Yes	Yes	Yes—adults	Yes
Swim programs	No	No			
Telephone service	No	No			
Tobacco cessation drugs and counseling	Yes All smokers can call the Montana Tobacco Quit Line at 1-866-485-7848	Yes	No	Yes—adults	Yes—some services
Transplants	Yes for under age 21. Yes for over 21 for kidney, cornea, bone marrow	Yes for kidney, cornea, bone marrow	Yes	Yes—adults	Yes
Transportation <i>Call 1-800-292-7114 before you need transportation</i>	Yes	Yes	No	No	Yes
Urgent care	Yes	Yes	Yes	Yes—adults	No
Vitamins	Yes for some conditions	Yes for some conditions	No	Yes—adults	Yes
Weight scales	Yes for some conditions	Yes for some conditions	No	Yes	No
Well Child check up (EPSDT) See page 30 for more information	Yes for under age 21	No	Yes	No	No
X-rays	Yes	Yes	No	No	No



► **ALCOHOL AND OTHER DRUG TREATMENT**

(Substance Dependency)

There are several different kinds of alcohol and drug treatment services. Services must be ordered by a licensed addiction counselor and provided by a chemical dependency program approved by Medicaid. Treatment must be medically necessary.

- Day treatment – For children ages 20 and under. Children must have completed inpatient treatment.
- Inpatient treatment – This service is 24 hours a day, 7 days a week, and patients live in the facility. Treatment may be for adults or children.
- Outpatient treatment – Treatment may be for adults or children. The following outpatient services are covered:
 - Assessment to find out if you have an alcohol or drug problem
 - Individual, group, or family counseling
 - Multi-family counseling
 - Case management for youth



► **AMBULANCE SERVICES**

Emergency ambulance services are covered for emergency ground or air transports. Call 911 or your local emergency number for services. An emergency means the symptoms of the medical condition seem so severe that a person with average knowledge of health and medicine would expect there might be danger to the health of the person if the symptoms aren't treated right away.

If there is no emergency, Medicaid will not pay for the ambulance.

Scheduled non-emergency use of ambulance may be necessary in some cases, but must be approved by Medicaid before travel takes place. Call the Medicaid Transportation Center at 1-800-292-7114.

► **BIRTH CONTROL**

Pills, condoms, shots, and most other types of birth control and family planning supplies are covered.

► **BLOOD LEAD TESTING**

At the most common levels of exposure, the symptoms of child lead poisoning can be difficult or impossible to recognize, making blood lead testing the only way to confirm a child's exposure. Blood lead testing is covered by Medicaid.

► CASE MANAGEMENT (Targeted)

Medicaid may cover the cost of targeted case management, which is planning and help in getting medical, social, educational, nutritional, and other Medicaid-covered services. Case management is for people in the following groups:

- High-risk pregnant women and their babies up to one year of age
- People 18 years and older with severe and disabling mental illness
- People 16 years and older with developmental disabilities
- Severely emotionally disturbed children
- Children at risk for abuse and neglect
- Children with special health care needs
- Children age 20 and under with alcohol or drug problems

► CHIROPRACTIC SERVICES

Medicaid covers chiropractic services for children ages 20 and under. Adults are not eligible for chiropractic services, even if they have full Medicaid benefits.

Chiropractic services for children ages 20 and under include:

- Spine adjustment
- X-rays
- Evaluation and management



► CIRCUMCISION

Circumcisions are covered if medically necessary. This service must be approved by Medicaid.

► DENTAL BRACES (Orthodontia)

Braces are covered for children ages 20 and under if services are medically necessary. These services must be approved by Medicaid.

► DENTAL SERVICES

Most routine dental services, including services by denturists, are covered by Medicaid. Adults can have dental exams and cleanings every six months. Children can get dental exams and cleanings as often as necessary. Children should visit a dentist at least once every six months. Bridges and tooth-colored crowns are available with limits only to children ages 20 and under. Adults get prefabricated stainless steel or resin crowns.

Dentures are covered for all ages. Partial dentures paid by Medicaid may be replaced if the dentures are 5 years old or older. Full dentures paid by Medicaid may be replaced if the dentures are 10 years old or older. Medicaid will pay for one lost pair of dentures in a person's lifetime.

Dental services are covered for adults with Basic Medicaid as follows:

- When dental services are necessary to get or keep a job. Talk with your OPA Case Manager about the "Essential for Employment" program.
- Emergency dental care is covered when related to emergency treatment.

► DEVELOPMENTAL DISABILITIES SERVICES

Clients must meet level-of-care requirements for specific services. See page 34 for more information.

► DIALYSIS

Dialysis is covered for people who have chronic end-stage renal disease. Services covered at dialysis clinics include:

- Outpatient dialysis
- Training for self-dialysis
- Home dialysis

Services covered under the home dialysis attendant services include payment for trained nurses to assist with home dialysis. This service is covered only if a person with Medicaid has terminal kidney disease and only when there is no family member who can be trained to help with dialysis.

► DOCTOR VISITS

Visits to your provider's office are covered by Medicaid. If you have Passport, be sure to get a referral from your PCP before seeing a provider who is not your PCP.

► DRUGS Prescriptions

Most prescription drugs are covered by Medicaid. Medicaid requires generic drugs when possible. Some prescription drugs may need pre-approval from Medicaid. To find out if a drug you need is covered by Medicaid or to find out if a drug needs approval, talk to your pharmacist or your provider.

► DRUGS Over-the-Counter

The following over-the-counter drugs are covered by Medicaid if they are prescribed for you by your provider:

- aspirin
- insulin
- laxatives, antacids, head lice treatment
- stomach products such as Zantac® and Prilosec OTC®
- allergy products such as Claritin®
- bronchosaline

Nursing homes pay for over-the-counter laxatives, antacids, and aspirin for their residents.

► DME (Durable Medical Equipment)

Medicaid coverage for durable medical equipment has limits for medical necessity. Some services require prior authorization. Ask your medical provider, your DME provider, or call the Medicaid Help Line at 1-800-362-8312.

► EMERGENCY SERVICES

Emergency services are covered by Medicaid. An emergency means symptoms so severe a person with average knowledge of health and medicine would expect there might be danger to the health of the person unless the person gets treatment right away. Emergencies are treated in a hospital or urgent care office.



► EYE EXAMS

Medicaid covered services include:

- One eye exam every 12 months for children ages 20 and under, unless vision changes significantly, or for treatment of eye disease, or when otherwise medically necessary.
- One eye exam every 24 months for adults age 21 and over, unless vision changes significantly, or for treatment of eye disease.



► EYEGLASSES

Children can get one pair of eyeglasses every 12 months or more often if medically necessary.

Adults can get one pair of eyeglasses every 24 months. Eyeglass providers show special frames approved by Medicaid—these are the frames Medicaid will pay for. These frames have a 23 month warranty.

Medicaid does not pay for most add-ons, such as photo-grey lenses, except when medically necessary for children ages 20 and under.

► FAMILY PLANNING SERVICES

Medicaid pays for most family planning services, including, but not limited to:

- Physical exams, with breast exams
- Pap smears (to test for pre-cancerous conditions)
- Pregnancy testing
- Birth control—pills, condoms, Depo-Provera, IUDs, Ortho Evra Patch, Implanon and others
- Sexual health counseling (how to prevent unwanted pregnancy and sexually transmitted diseases)
- Testing and treatment for sexually transmitted diseases
- Shots for German measles
- Shots for HPV
- Sterilization information and counseling if a consent form is signed by the patient at least 30 days before the scheduled sterilization.
- Sterilization is covered for people who are mentally competent and 21 years old or older at the time the consent form is signed.

Infertility services and paternity tests are not covered.

► FOOT CARE (Podiatry)

Covered services include:

- Cutting or removing corns or calluses
- Trimming nails
- Applying skin creams
- Measuring and fitting foot or ankle devices
- Lab services and supplies
- Orthopedic shoes are covered if:
 - You are age 20 or under, or
 - You have a brace or a device attached to your shoe

► GROUP HOME CARE

Medicaid pays for treatment received in a group home setting for children ages 20 and under, who have a mental illness (serious emotional disturbance). Services must be ordered by the child's provider, psychologist, licensed social worker, or licensed professional counselor, and must be approved by Medicaid.

► HEARING AIDS

Medicaid pays for hearing aids, repairs, and some related items. A hearing aid must be ordered by your provider. The person who sells the hearing aid must get approval from Medicaid.

► HEARING EXAMS

Hearing exams (audiology services) are covered when done by a licensed audiologist and ordered by your health care provider.

► HOME AND COMMUNITY-BASED WAIVER SERVICES

HCBS (Home and community-based waiver services) are covered by programs that serve people in the community who would otherwise need nursing home or hospital care. You must be determined eligible for one of the waivers (meet the criteria for level of care) and services must be ordered by your health care provider. You must also live in one of the counties where the waiver is available.

Services are determined by your needs. Here is a partial list of HCBS services:

- Case management
- Personal assistance for supervision and socialization
- Modifications to home or vehicle
- Supported living and assisted living
- Homemaking
- Private nursing
- Special services for people with brain injury or severe disabling mental illness
- Service dogs
- Meals on Wheels
- Respite
- Habilitation
- Other services defined under a waiver.



► HOME HEALTH SERVICES

Home health services are provided by a licensed and certified agency. Covered services include:

- Part-time care in your home from a skilled nursing service
- Home health aide care—services for a short, definite period of time to assist in the activities of daily living and care of the household to keep you in your home
- Physical therapy, occupational therapy, or speech therapy
- Medical supplies and equipment suitable for home use

Services are ordered by your health care provider. For people 21 years and over, visits are limited as follows:

- 100 visits a year for physical, occupational, or speech therapy
- 75 visits a year for nursing services

► HOME INFUSION THERAPY

Some drug treatments must be given in your veins (intravenously). For some people, these treatments may be given in their homes. Medicaid covers the service in your home and covers the cost of the person who comes to your home to give you the drug treatments.



▶ **IMMUNIZATIONS (Shots)**

Shots to protect you from diseases are covered by Medicaid.

▶ **LAB (Laboratory) SERVICES**

Lab services are covered by Medicaid, if the lab accepts Medicaid.

▶ **HOSPICE**

Hospice is comfort care for a person who is expected to die within six months. Hospice manages all care related to the illness. Grief counseling is also available for the family.

▶ **HOSPITAL SERVICES**

Services you get in a hospital, whether you stay in the hospital overnight or not, are covered by Medicaid. Some examples of services you might get in a hospital are:

- Emergency room services
- Medical services for which your provider admits you to the hospital
- Physical therapy
- Lab services
- X-rays
- Cardiac rehabilitation
- Pulmonary rehabilitation

Many hospital services must be approved by Medicaid before you go to the hospital. For more information about hospital services, call the Medicaid Help Line at 1-800-362-8312.

▶ **IHS (Indian Health Services)**

Services you get at IHS are covered by Medicaid. If you have Passport, IHS can be your PCP if you wish.

▶ **MEDICAL SUPPLIES AND EQUIPMENT (sometimes called “durable medical equipment”)**

Medicaid coverage for medical equipment has limits for medical necessity. Some services require approval. Ask your medical provider, or your DME provider.

▶ **MENTAL HEALTH SERVICES FOR ADULTS**

Medicaid covers these mental health services for adults:

- Crisis and emergency services
- Individual, group, and family counseling
- Case management
- Day treatment services
- Inpatient treatment

▶ **MENTAL HEALTH SERVICES FOR CHILDREN**

Medicaid covers these mental health services for children:

- Crisis and emergency services
- Individual, group, and family counseling
- Case management
- Day treatment
- Psychological testing

- Community-based psychiatric treatment and support
- School and community treatment
- Therapeutic group and family care
- Psychiatric hospital services
- Psychiatric residential treatment

Services must be prior authorized.

► **NURSING HOMES**

Covered services include a double room (or a private room if your provider says it's medically necessary), laundry service, travel for medical appointments, meals, minor medical or surgical supplies, nursing services, social services, and activity programs. The nursing home will provide you with a list of other services you will get and will know about services that need approval from Medicaid.

► **NUTRITION COUNSELING SERVICES**

If you are an adult with diabetes, Medicaid may pay for nutrition counseling for you.

Medicaid covers nutrition services for children ages 20 and under, including medical foods or special nutritional supplements. Your provider will write an order for these services.

► **OB (Obstetric) SERVICES**

Medicaid covers all prenatal visits, delivery, and check-ups for the mother after she gives birth. A baby's delivery must be in a licensed hospital or birthing center.

► **OCCUPATIONAL THERAPY**

See Therapies

► **ORTHODONTIA**

See Dental braces

► **OUT-OF-STATE SERVICES**

You may need to get medical services outside of Montana.

- If you have an accident, crisis, or something that cannot wait until you're back in Montana, seek help at a hospital. Montana Medicaid will contact the hospital later to ask it to be a Montana Medicaid provider.
- A provider 100 miles or less outside the Montana border is considered an in-state provider and Medicaid will pay for services if the provider accepts Montana Medicaid.
- All out-of-state services need approval from Montana Medicaid before you get services unless you have an emergency.
- If you have Passport, you need your PCP's approval before you get out-of-state services, unless you have an emergency.
- Montana Medicaid never pays for services received outside the United States, including Canada or Mexico.



► **PERSONAL ASSISTANCE SERVICES**

Up to 40 hours of personal assistance services for a person not in a hospital or nursing home may be covered by Medicaid. These services, if needed, are ordered by your health care provider. Talk to your provider about personal assistance services.

► PHYSICAL THERAPY

See Therapies

► PHYSICIAN (Doctor) SERVICES

Most services you get from a doctor are covered. PAs (physician assistants) and NPs (nurse practitioners) can give some of the services a doctor gives.

Examples of doctor services include:

- Delivering babies
- Treating high blood pressure
- Office visits
- Physicals (exams)
- Operations
- Shots

► PRIVATE NURSING SERVICES

Covered for a child age 20 or under with severe medical problems who is not in a hospital. The services must be ordered by your child's health care provider and approved by Medicaid. If your child has Passport, the PCP must approve the services. Private nursing services do not include taking care of a child to give the regular caretaker a break (respite care).

► RESPIRATORY THERAPY

Respiratory therapy is covered for children ages 20 and under, and includes treatment by a licensed respiratory therapist. Services are ordered by your child's provider. If your child has Passport, the PCP must approve the service.

► SCHOOL-BASED SERVICES

Children can get some Medicaid services at school. These services are called school-based services and are not for adults. If your child has Passport, the PCP may need to approve some services. Examples of services your child may get at school are:

- Speech therapy
- Occupational therapy
- Physical therapy
- Shots
- Private nursing
- Help with daily living activities
- Specialized transportation
- Mental health services

► SOCIAL WORK SERVICES

Services for mental illness may be covered if provided by a licensed clinical social worker. These services may be individual, group, or family therapy. If you have more than 24 sessions in a year, Medicaid needs to approve the extra sessions.



► SPEECH THERAPY

See Therapies

► SURGERY

Most surgeries are covered, whether done in a hospital or surgery center. Surgeries must be approved by Medicaid.

► THERAPIES

Medicaid covers three types of therapy, for both adults and children:

- Occupational therapy
- Physical therapy
- Speech therapy

Therapy services must be ordered by your provider and can occur whether you are in a hospital or are an outpatient. Therapy services must improve your function. Therapy services for adults are usually limited to 40 therapy visits per year.

► TOBACCO AND SMOKING Quit Products and Counseling

Medicaid pays for many stop-smoking products and counseling. Talk to your provider or call the Medicaid Help Line at 1-800-362-8312 for more information.

Everyone in Montana can get help to stop smoking or chewing by calling the Montana Tobacco Quit Line at 1-866-485-7848.



► TRANSPLANTS

Adults ages 21 and over can get kidney, cornea, or bone marrow transplants. Most transplants are covered for children ages 20 and under. All transplant services require prior approval from Medicaid.

► TRANSPORTATION

Medicaid may pay for you to get to your health care provider or other health care service, if the service is covered by Medicaid, and if you have no other way to get there. You need to get to your appointment in the least-costly way, but you need to be comfortable and safe.

All transportation must be approved by Medicaid before you go, and if your appointment is changed, you must get your transportation approved again. The number to call for approval is 1-800-292-7114.

There are different rules for different kinds of transportation, such as taxicabs, buses, wheelchair-accessible vans, and non-emergency ambulances. Sometimes friends or family members can get paid for using their cars to take you to appointments. Be sure to call the Medicaid Transportation Center at 1-800-292-7114 before you arrange travel that Medicaid will pay for.

► URGENT CARE SERVICES

Medicaid covers services you get at an urgent care center. You may be able to get care for a health care issue at an urgent care center when your regular provider's office is closed. You may be able to prevent a visit to an emergency room by visiting an urgent care center.

► WELL CHILD CHECK-UPS

All children ages 20 and under with Medicaid can have Well Child services. We also call these services Well Child visits. Medicaid pays for these visits under the EPSDT program (Early and Periodic Screening, Diagnosis, and Treatment program).

When you make an appointment for a Well Child visit, be sure to tell the office person that your child needs a Well Child visit so enough time will be scheduled. Take the child's Medicaid card and shots record with you to the appointment. If you need help making an appointment or getting your child to the appointment, call the Medicaid Help Line at 1-800-362-8312.

A child or teenager should receive the following during a Well Child visit:

- Head-to-toe unclothed physical exam
- Eye exam
- Hearing exam
- Nutrition check-up
- Growth and development check-up
- Blood and urine tests
- Shots (immunizations), if needed (see chart at right for the shot schedule)
- Speech and language check-up
- Lead toxicity screening at ages 1 and 2, or up to 6 years if not previously tested.



During the Well Child visit, you will receive health education to help you watch your child's development. If problems or concerns are found during the Well Child visit, your child will be referred to the right provider for more exams and treatment.

Children should visit a dentist at least once every six months after the first tooth comes in.

The AAP (American Academy of Pediatrics) recommends the following schedule for Well Child visits and shots:

Age	Service
Birth to 1 month	Well Child visit and shots
2 months	Well Child visit and shots
4 months	Well Child visit and shots
6 months	Well Child visit and shots
9 months	Well Child visit
12 months	Well Child visit and shots
15 months	Well Child visit and shots
18 months	Well Child visit and shots
2 years	Well Child visit and shots
3 years	Well Child visit
4 years	Well Child visit and shots
5 years (before kindergarten)	Well Child visit and shots
6 years	Well Child visit
8 years	Well Child visit
10 years	Well Child visit
12 years (before 7th grade)	Well Child visit and shots
14 years	Well Child visit
16 years	Well Child visit and shots
18 years	Well Child visit
20 years	Well Child visit

In addition to the Well Child visit schedule, if your child needs to see the doctor for any reason between Well Child visits, you can use that visit as an "inter-periodic screen" to ensure your child's total health and well-being, and still be covered by the rules governing EPSDT.

Every child's visit is covered by Medicaid, whether the visit falls within the ages listed on the chart above or not. You can request that your child get a Well Child screen during any visit for an illness or injury.

More about shots:

It's important for a child to visit a provider, Community Health Center, or county Public Health Department to get the right shots. Getting shots not only protects the child, but also the people the child comes in contact with. A child's provider will know which shots the child should get. Some common shots to protect against diseases are:

- Hepatitis A and B
- DPT (Diphtheria-tetanus-pertussis)
- H influenza type B
- Polio
- Pneumococcal disease
- MMR (Measles-mumps-rubella)
- Chicken pox
- Flu
- HPV (Human papillomavirus)
- Meningococcal
- Varicella

If a child misses a shot, he or she should get the shot from the provider as soon as possible. Keep a shot record filled out by the health care provider. You will need this record when a child starts day care, school, and college.

X-RAYS

X-rays are covered by Medicaid when ordered by your health care provider, and when the person taking the X-rays accepts payment from Medicaid.

More Helpful Programs



► MORE HELPFUL PROGRAMS

Some programs are part of Medicaid, some are separate.

► NURSE FIRST DISEASE MANAGEMENT PROGRAMS

Nurse First Disease Management programs can help people with Medicaid manage chronic illnesses, such as asthma, diabetes, heart failure, and chronic pain. The programs can improve health and quality of life. People with Medicaid enrolled in disease management programs receive:

- One-on-one counseling and education from specially trained, registered nurses
- Program materials—pamphlets and brochures
- Extensive case management services
- Friendly phone calls to see how you're feeling
- Visits from nurses who live in your area

These programs are voluntary and members may withdraw any time. For more information about Nurse First Disease Management programs, call 1-800-330-7847

People with Medicare are not eligible for the Disease Management programs.



► HCBS (Home and Community-Based Services)

HCBS is a Medicaid program that provides in-home care or care in an assisted-living facility or adult foster home for people who are physically or mentally disabled or elderly. The HCBS case management team will meet with you to identify the services you need and how you can best get those needs met. Here are some HCBS services:

- Case management
- Personal assistance for supervision and socialization
- Changes to home or vehicle
- Supported or assisted living
- Homemaking
- Private duty nursing
- Special services for people with brain injuries
- Service dogs
- Meals on Wheels
- Respite care
- Habilitation
- Specially trained attendant care
- Adult day health
- Prevocational services
- Supported employment
- Chemical dependency counseling
- Non-medical transportation
- Illness management and recovery
- Wellness recovery action plan

You must reside in a county that has the appropriate waiver services and meet physical or mental disabled criteria. For more information about HCBS, talk to the Case Manager at your local OPA.

► DD WAIVER SERVICES (Medicaid waiver services for Montanans with developmental disabilities)

Medicaid provides additional services to people with developmental disabilities and their families through two home-and-community-based waivers. For more information about DD Waiver Services, contact:

DPHHS Developmental Disabilities Program
111 N. Sanders St. Rm. 305
Helena MT 59601
Phone: 406-444-2995
Fax: 406-444-3632

► **HIPP (Health Insurance Premium Payment) program**

HIPP may pay health insurance premiums for people with Medicaid who also have other health insurance coverage. Here are some ways you may be eligible for HIPP:

- You have insurance either through your job or through an individual health care policy.
- Your job offers insurance, but you haven't signed up because it costs too much.
- You have a new job and your insurance won't start for a while.
- You had insurance through your job but you are no longer working and can't pay the COBRA premiums.

For more information about HIPP, call 1-800-694-3084 and press 1 when prompted.

► **ASSISTANCE FOR PEOPLE WITH MEDICARE**

If you have Medicare and Medicaid, most of your health care costs are paid by Medicare. Medicaid will help with costs Medicare doesn't pay.

People who have Medicare with incomes too high to get Medicaid may be able to get Medicare monthly premiums paid. There is a limit to the amount of assets you can own – \$4,000 for one person or \$6,000 for a couple (your home and car don't count). There are three programs (called Medicare Savings Programs) you can apply for at the OPA.

- QMB (Qualified Medicaid Beneficiary) program pays Medicare Part B (and Part A if necessary) monthly premiums, and also pays other Medicare cost shares. People with QMB get a Montana Access to Health (Medicaid) card.
- SLMB and QI (Specified Low-Income Medicare Beneficiary and Qualifying Individual) programs pay Medicare Part B monthly premiums. People with SLMB and QI do not get a Montana Access to Health (Medicaid) card.

You can get more information about Medicare and related services from SHIP (State Health Insurance Assistance Program) at 1-800-551-3191.



Big Sky Rx may pay all or part of your Medicare drug plan monthly premium. Big Sky Rx is run by the Montana Department of Public Health and Human Services with funds from tobacco taxes. Big Sky Rx is for people who have Medicare and don't qualify for Medicaid or the Medicare Savings Programs listed above. For more information about Big Sky Rx, call 1-866-369-1233.

► **CHIP (Children's Health Insurance Plan)**

CHIP offers low-cost or free health insurance for children younger than 19 years. Children may get CHIP if their parents meet income limits and if:

- the children are residents of Montana and US citizens or qualified aliens
- the children are not eligible for Medicaid
- the children do not have health insurance now, and haven't had it for a month (there are some exceptions)
- the children have parents who do not work for the State of Montana or the Montana University System

Children with CHIP can get most health care and dental services, and can qualify even if they have pre-existing conditions.

If your children have no health insurance and can't get Medicaid, or if your children's Medicaid is ending, get more information about CHIP at 1-877-KidsNow (1-877-543-7669) or www.chip.mt.gov.

► CHILDREN'S SPECIAL HEALTH SERVICES

Children's Special Health Services helps children with special health care needs to locate resources, get access to specialty services, and may help children who do not qualify for Medicaid or CHIP pay for care.

Children's Special Health Services holds pediatric specialty clinics in Montana, including clinics for:

- Diabetes
- Cystic fibrosis
- Pulmonary disorders
- Metabolic disorders
- Craniofacial disorders
- Gastrointestinal disorders
- Juvenile arthritis

For more information about Children's Special Health Services, call 1-800-792-9891 or visit www.cshs.mt.gov.



► HEAD START

Head Start is an early care and education program for low-income children. Head Start serves 3 to 5 year-old children in preschool programs. Head start services include health and social services and parent education and support.

For more information about Head Start in your community, look for Head Start in your phone book or ask for information at the OPA or county health department.

► WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)

WIC serves low-income women who are pregnant, breastfeeding, or recently had a baby, and infants and children up to age 5 who are at risk for health problems.

Through WIC, you may get these services:

- Nutrition evaluation, learning, and guidance to improve eating habits
- Referrals to other health care and social services
- Referrals to private and public health providers
- Community resource information
- Supplemental high nutrition foods, such as cereal with iron, milk, eggs, peanut butter, beans, and juice
- Iron-fortified milk for mothers who do not breast feed.

WIC members get good results in these ways:

- Pregnancy results are improved
- Fewer low birth weight babies are born
- Diets are improved
- Late fetal deaths are reduced
- Children are better immunized
- Anemia rates go down

For more information about WIC, call 1-800-433-4298.

Offices of Public Assistance & Resources



OFFICES OF PUBLIC ASSISTANCE

County	OPA Address	Phone Number Area Code 406
Beaverhead	2 S Pacific #9, Dillon MT 59725	683-3773
Big Horn	23 W 8th, PO Box 426, Hardin MT 59034	665-8700
Blaine	100 Chippewa St W, Harlem MT 59526	353-4269
Broadwater	3075 N Montana Ave, PO Box 202959, Helena MT 59620	444-1700
Carbon	206 N Broadway, PO Box 670, Red Lodge MT 59068	446-1302
Carter	10 W Fallon Ave, PO Box 759, Baker MT 59313	778-7120
Cascade	201 1st St S, Suite 1, PO Box 1546, Great Falls MT 59403	454-5640
Choteau	1020 13th St, PO Box 459, Fort Benton MT 59442	622-5432
Custer	219 N Merriam Ave, Miles City MT 59301	874-3334
Daniels	100 W Laurel Ave, Plentywood MT 59254	765-1370
Dawson	121 S Douglas, Glendive MT 59330	377-4314
Deer Lodge	307 E Park, Room 305, Anaconda MT 59711	563-3448
Fallon	10 W Fallon Ave, PO Box 759, Baker MT 59313	778-7120
Fergus	312 Birch St, Suite 1, Lewistown MT 59457	538-7468
Flathead	121 Financial Dr, Suite A, Kalispell MT 59901	751-5900
Gallatin	237 W Main, Bozeman MT 59715	582-3010
Garfield	10 W Fallon Ave, PO Box 759, Baker MT 59313	778-7120
Glacier	121 1st Ave NW, PO Box 3025, Browning MT 59417 or 505 E Main, Cut Bank MT 59427	338-5131 873-4113
Golden Valley	312 N Birch St, Suite 1, Lewistown MT 59457	538-7468
Granite	307 E Park, Room 305, Anaconda MT 59711	563-3448
Hill	Ryan Bldg, 48 2nd Ave, Suite 200, Havre MT 59501	265-4348
Jefferson North Jefferson South	3075 N Montana Ave, PO Box 202959, Helena MT 59620 or 700 Casey St, Butte MT 59701	444-1700 496-4900
Judith Basin	312 Birch St, Suite 1, Lewistown MT 59457	538-7468
Lake	826 Shoreline Dr, Polson MT 59860 or PO Box 278, Pablo MT 59855	883-7820 883-2701
Lewis & Clark	3075 N Montana Ave, PO Box 202959, Helena MT 59620	444-1700
Liberty	Courthouse, 48 2nd Ave, Suite 200, Havre MT 59501	265-4348
Lincoln	933 Farm to Market Rd, Suite C, PO Box 1570, Libby MT 59923	293-3791
Madison	237 W Main, Bozeman MT 59715	582-3010

OFFICES OF PUBLIC ASSISTANCE

County	OPA Address	Phone Number Area Code 406
McCone	PO Box 531, Terry MT 59349	635-2133
Meagher	15 W Main, PO Box 514, White Sulphur Springs MT 59645	547-3752
Mineral	305 W Main, PO Box 626, Superior MT 59872	822-4551
Missoula	2677 Palmer, Suite 100, Missoula MT 59808	329-1200
Musselshell	26 Main St, Roundup MT 59072	323-2101
Park	220 E Park, Livingston MT 59047	222-8000
Petroleum	312 Birch St, Suite 1, Lewistown MT 59457	538-7468
Phillips	PO Box 1339, Malta MT 59538	654-2252
Pondera	20 4th Ave SW, Suite 211, Conrad MT 59425	271-4020
Powder River	10 W Fallon Ave, PO Box 759, Baker MT 59313	778-7120
Powell	409 Missouri, PO Box 884, Deer Lodge MT 59722	846-3680
Prairie	Courthouse, 217 W Park, PO Box 531, Terry MT 59349	635-2133
Ravalli	310 N 3rd St, Hamilton MT 59840	363-1944
Richland	221 5th St SW, Sidney MT 59270	433-2282
Roosevelt	Courthouse, Wolf Point MT 59201	653-1210
Rosebud	121 N 11th Ave, PO Box 5016, Forsyth MT 59327 or PO Box 276, Lame Deer MT 59043	346-2563 477-6251
Sanders	2504 Tradewinds Way, Suite 3, Thompson Falls MT 59873	827-4395
Sheridan	100 W Laurel Ave, Plentywood MT 59254	765-1370
Silver Bow	700 Casey St, Butte MT 59701	496-4900
Stillwater	43 N 4th St, PO Box 928, Columbus MT 59019	322-5331
Sweet Grass	115 W 5th Ave, PO Box 489, Big Timber MT 59011	932-5266
Teton	20 1st St NW, PO Box 803, Choteau MT 59422	466-5721
Toole	226 1st St S, Shelby MT 59474	424-8380
Treasure	121 N 11th Ave, PO Box 5016, Forsyth MT 59327	346-2563
Valley	501 Court Square, Box 9, Glasgow MT 59230	228-4022
Wheatland	312 N Birch St, Suite 1, Lewistown MT 59457	632-4895
Wibaux	121 South Douglas, Glendive MT 59330	377-4314
Yellowstone	111 N 31st St, Billings MT 59101	237-0520

RESOURCES	
Organization or Service	Phone Number
Aging Services Network	1-800-551-3191
AIDS or sexually transmitted diseases questions	1-800-233-6668
Big Sky Rx bigskyrx.mt.gov	1-866-369-1233
Child Abuse and Neglect	1-866-820-5437
Childhood Lead Poison Prevention Information	1-406-444-5303
Child Support Customer Service	1-800-346-5437 or 444-9855 for Helena
CHIP (Children's Health Insurance Plan) chip.mt.gov	1-877-543-7669
Children's Special Health Services	1-800-762-9891
Citizen's Advocate (Governor's Office)	1-800-332-2272
Elder Abuse Information (Aging Services)	1-800-551-3191
Estate Recovery and Liens	1-800-694-3084
Legal Services	1-800-666-6124
Medicaid Help Line	1-800-362-8312
Medicaid Fraud Line	1-800-201-6308
Medicaid Transportation approval	1-800-292-7114
Medicare mymedicare.gov	1-800-633-4227
MHSP (Mental Health Services Plan)	1-888-866-0328
Mental Health Ombudsman	1-800-444-9669
National Domestic Violence Hotline • Hearing impaired	1-800-799-7231 1-800-787-3224
Poison Control	1-800-525-5042
Pregnancy Risk Line	1-800-822-2229
Social Security	1-800-772-1213
Suicide Prevention	1-866-485-7848
Teen Dating Abuse Helpline loveisrespect.org	1-866-331-9474
Tobacco Quit Line	1-866-485-7848
WIC nutrition information	1-800-433-4298

Forms



► HOW TO FILE A COMPLAINT ABOUT MEDICAID

You can file a complaint for yourself or for someone else for one of the reasons listed below. You can use the complaint form on page 43 of this manual, make a phone call, or write a note or letter.

If you are denied Medicaid eligibility:

Call the Office of Public Assistance (OPA) to find out why you were denied Medicaid eligibility and how to appeal the decision. Phone numbers for OPAs are on pages 38 and 39.

If Medicaid won't pay the bill:

If Medicaid didn't pay for a medical or dental service you think should be paid by Medicaid, you can complain within 90 days. You can send a complaint on your own paper or you can use the form on page 43. Send your complaint to:

DPHHS Office of Fair Hearings
PO Box 202953
Helena MT 59620-2953

► IF YOU EXPERIENCE DISCRIMINATION

The Montana Department of Public Health and Human Services (DPHHS) may not exclude, deny benefits to, or otherwise discriminate against any person because of race, color, nationality, sex, religion, age, creed, physical or mental disability, marital status, or political belief. Discrimination may not occur regarding admission, participation, or receipt of services or benefits of any programs, activities, or employment, whether carried out by the Department or through a contractor or other entity.

To complain about discrimination, use the form on page 44 or contact:

Complaint Coordinator
Phone: 406-444-4211
V/TTY: 1-866-735-2968

Or, you may want to file a complaint with the federal Office for Civil Rights. You can do this if you don't get your complaint resolved with DPHHS, or you can file with the federal office first. Here is the contact information:

Office for Civil Rights
US Department of Health and Human Services
1961 Stout Street, Room 1426
Denver CO 80294
Phone: 303-844-2024
TDD: 303-844-3439

Montana Department of Public Health and Human Services
CLIENT COMPLAINT RESOLUTION FORM

Submit completed form to:
DPHHS Client Complaint Coordinator
PO Box 4210
Helena MT 59604 or phone 406-444-4211



Name _____

Mailing Address _____

Phone number (daytime) _____

Email address _____

Please explain your complaint. Be specific, including dates, names, places, actions or events, witnesses (with phone numbers and addresses). Attach additional pages if necessary.

_____ [] Additional pages

Please explain the action you are seeking. _____

_____ [] Additional pages

Signature _____

Date _____

Alternative accessible formats of this document are available upon request. For more information, or to submit a complaint, contact DPHHS Client Complaint Coordinator, PO Box 4210, Helena MT 59604, or 406-444-4211. Or contact the federal government at Health and Human Services, 1961 Stout Street, Room 1426, Denver CO 80294.

Montana Department of Public Health and Human Services
Americans with Disabilities Act
COMPLAINT RESOLUTION FORM

Submit completed form to:

DPHHS ADA Coordinator

PO Box 4210

Helena MT 59604

Phone: 406-444-4211

Alternative accessible formats of this document are available on request



Name _____

Mailing address _____

Phone number _____ Email address _____

Please explain what discriminatory action was taken against you. Be specific, including dates, names, places, actions or events, witnesses (with phone numbers and addresses). Attach additional pages if necessary.

_____ [] Additional pages

Please explain the action you are seeking: _____

_____ [] Additional pages

Signature _____

Date _____

For information and technical assistance about the Americans with Disabilities Act (ADA) contact the ADA Information Line at 1-800-514-0301 (voice) 800-514-0383 (TTY) or visit www.ada.gov.



NOTICE OF USE OF PROTECTED HEALTH INFORMATION

Effective Date April 14, 2003

For your protection

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Private application information

You are applying for government programs that provide money or services. Before we can review your application, we ask that you provide some personal information.

The laws say that:

1. we must keep your Protected Health Information (" PHI ") from others who do not need to know it; and
2. you can tell us if there is some PHI you do not wish to be shared. However, in some cases, we may not be able to agree to your request.

Who sees and shares my application and medical information?

Unless you tell us differently on your application, we may share your application information with other programs that may be able to help you. Some are programs for children, people with disabilities, and people who need financial help. If one of these programs can help you, they will contact you.

Healthcare providers who treat you may use your PHI. This may cover health care you have had in the past or may have in the future. We may also use your PHI to contact you about appointment reminders or to tell you about treatment alternatives.

We only share the minimum necessary PHI that is needed at the time by that provider or agency.

How is payment made?

Your healthcare provider sends a claim to an insurance company or to a government program for payment. That claim contains all the information about the services you were provided.

Claims that are sent to us are reviewed to assure that you receive the quality health care every client deserves, and that all laws governing medical care are being followed.

May I see my medical information?

You are allowed to see your PHI unless it is the private notes taken by a mental health provider, it is part of a legal case, or if your health care provider decides it would be harmful for you to see the information. Most of the time you can receive a copy if requested. You may be charged a small amount for the copying costs.

If you think some of the information is wrong, you may request, in writing, that it be changed or new information be added. You may ask that the changes be sent to others who have received your PHI. You can request and receive a list showing where your medical information has been sent, unless it was sent as part of your provider's care, to assure that you received quality care or to make sure the laws are being followed.

You will be asked to sign a separate form, the Authorization for the Use and Disclosure of Health Information, allowing your PHI to be sent to another location. This would be used if your health care provider provides it to another location, or if you request that we send it to another individual or health care provider for you.

The form gives the name and address where we are to send your PHI and the information you wish to be provided.

Your authorization is good for six months or until the date you put on the form (not more than 30 months). You can cancel or limit the amount of PHI sent at any time by written notification.

Note: If you are under the age of 18, your parents or guardians will receive your PHI, **unless, by law, you are able to consent for your own health care.** If you are, then it will not be shared with them unless you sign an authorization form.

Could my information be released without my authorization?

We adhere to laws that provide specific instances when medical information must be shared, even if you do not sign an authorization form. We always report:

1. contagious diseases;
2. reactions and problems with medicines;
3. to the police when required by law or when the courts so order;
4. to the government for audits and reviews of our programs;
5. to a provider or insurance company to verify your enrollment in one of our programs;
6. to Workers' Compensation for work related injuries;
7. birth, death and immunization information; and
8. to the federal government if required to investigate any matter pertaining to the protection our country, the President, or other government workers.

May I have a copy of this notice?

This notice is yours. If the information changes, you will be provided a copy of the updated notice. If you have questions concerning this notice, please ask the individual providing it. If that individual cannot answer your questions, call the Department of Public Health and Human Service (DHPPS) Privacy Officer at 1-800-645-8408.

You can also complain to the federal government's Secretary of Health and Human Services by writing to: 200 Independence Ave. SW, Washington, DC 20201. This must be done within 180 days from the date you believe your privacy was violated. You can also complain to the Office for Civil Rights by calling 1-866-627-7748.

Your Medicaid benefits will not be affected by a complaint made to the DPHHS Privacy Officer or to the Secretary of Health and Human Services.

I have been given a copy of this notice and have been given the opportunity to ask questions concerning how my Protected Health Information will be used. I know that I can contact the DPHHS Privacy Officer at (800) 645-8408 if I have further concerns.

Signature

Date

This is your copy to keep. Please do not submit this form to DPHHS.

VOTER REGISTRATION FORM

For office use only

Polling Place	Date	Pct	Ward	School	House	Senate				Reg. #
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TO REGISTER: All items, except where noted, must be completed to register to vote. Send this completed form to your county address listed at the end of the form.

Under federal and/or state law, all electors must present ID when voting.

1. Are you a citizen of the United States of America? ☐ Yes ☐ No*
2. Will you be 18 years of age on or before election day? ☐ Yes ☐ No*

*Note: If you checked 'no' in response to either of these questions, do not complete this form.

3. MONTANA DRIVER'S LICENSE # _____

You MUST provide your driver's license number, if you have a driver's license. If you do not have a driver's license, list the last four digits of your Social Security number on the line above. If you have neither a driver's license nor a Social Security number, provide (in person) or enclose (by mail) a copy of one of the following: any photo ID with your name; OR a current utility bill, bank statement, paycheck, government check, or other government document that shows your name and current address.

4. Email Address (optional) _____

5. NAME

(Please print)

Last	First	Middle
------	-------	--------

6. COUNTY _____

9. TELEPHONE _____

7. ADDRESS WHERE YOU LIVE *

*Precinct is determined by address where you live.

(Street, City, Zip OR Sec., Twp. & Range)

10. DATE OF BIRTH _____/_____/_____

Month Day Year

11. PRINT FORMER NAME (if changed)

8. MAILING ADDRESS (If different than #7)

12. PLACE LAST REGISTERED

CITY COUNTY STATE

13. VOTER DECLARATION (Read and sign below)

I swear/affirm that: a) I am a U.S. citizen; b) I will be at least 18 years old on or before the next election; c) I will have lived in this county for at least 30 days before the next election (unless I am exempt under 13-2-514(2), MCA); d) I am neither in a penal institution for a felony conviction nor found of unsound mind by a court; e) If I do not now meet these qualifications, I will by the next election; and f) I have provided true information, to the best of my knowledge under penalty of perjury. If I have given false information, I may be subject to a fine or imprisonment or both under Federal or State laws.

14. SIGNATURE _____

DATE _____

County Election Administrators

Beaverhead 2 S Pacific St No 3 Dillon 59725
Big Horn PO Box 908 Hardin 59034
Blaine PO Box 278 Chinook 59523
Broadwater 515 Broadway St Townsend 59644
Carbon PO Box 887 Red Lodge 59068
Carter Box 315 Ekalaka 59324
Cascade Box 2305 Great Falls 59403
Chouteau Box 459 Fort Benton 59442
Custer 1010 Main Miles City 59301
Daniels Box 247 Scobey 59263
Dawson 207 West Bell Glendive 59330
Deer Lodge 800 Main Anaconda 59711
Fallon Box 846 Baker 59313
Fergus 712 W Main Lewistown 59457

Flathead 800 S Main Kalispell 59901
Gallatin 311 W Main Rm 103 Bozeman 59715
Garfield Box 7 Jordan 59337
Glacier 512 E Main Cut Bank 59427
Golden Valley Box 10 Ryegate 59074
Granite Box 925 Philipsburg 59858
Hill Courthouse Havre 59501
Jefferson Box H Boulder 59632
Judith Basin Box 427 Stanford 59479
Lake 106 4th Ave E Polson 59860
Lewis & Clark Box 1721 Helena 59624
Liberty Box 459 Chester 59522
Lincoln 512 California Libby 59923
Madison Box 366 Virginia City 59755

McCone Box 199 Circle 59215
Meagher Box 309 White Sulphur Springs 59645
Mineral Box 550 Superior 59872
Missoula 200 W Broadway Missoula 59802
Musselshell 506 Main Roundup 59072
Park Box 1037 Livingston 59047
Petroleum Box 226 Winnett 59087
Phillips Box 360 Malta 59538
Pondera 20 4th Ave SW Conrad 59425
Powder River Box 270 Broadus 59317
Powell 409 Missouri Deer Lodge 59722
Prairie Box 125 Terry 59349
Ravalli 215 S 4th St Ste C Hamilton 59840
Richland 201 W Main Sidney 59270

Roosevelt 400 2nd Ave S Wolf Point 59201
Rosebud Box 47 Forsyth 59327
Sanders Box 519 Thompson Falls 59873
Sheridan 100 W Laurel Ave Plentywood 59254
Silver Bow 155 W Granite Rm 208 Butte 59701
Stillwater Box 149 Columbus 59019
Sweet Grass Box 888 Big Timber 59011
Teton Box 610 Choteau 59422
Toole 226 1st St S Shelby 59474
Treasure Box 392 Hysam 59038
Valley 501 Court Sq Box 2 Glasgow 59230
Wheatland Box 1903 Harlowton 59036
Wibaux Box 199 Wibaux 59353
Yellowstone Box 35002 Billings 59107



For questions about this handbook contact

Montana Department of Public Health and Human Services
Medicaid Managed Care Bureau
PO Box 202951, Helena MT 59620-2951

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